

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

09/14/095

FILED DATE

01/Sep 98

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8		7		7		
9		8		8		
10		9		9		
11		10		10		
12		11		11		
13	1		1			
14		1		1		
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TOTAL IND.			2			
TOTAL DEP.			12			
TOTAL CLAIMS			14			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1360 (3-78)

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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